



DOCKET FILE COPY ORIGINAL

221 East Hickory Street PO Box 3248 Mankato, MN 56001-3248

Received & Inspected Toll-Free: 866-442-5679  
Phone: 507-387-1151

JUL -2 2014

[www.enventis.com](http://www.enventis.com)  
Nasdaq: ENVE

REDACTED - FOR PUBLIC INSPECTION

VIA OVERNIGHT DELIVERY

FCC Mail Room

July 1, 2014

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

ATTN: WIRELINE COMPETITION BUREAU

Re: Form 481 ETC filing pursuant to 47CFR §§54.313 and 54.422, Heartland Telecommunications Company of Iowa dba Enventis, SAC 351096  
*Connect America Fund Dockets WC 10-90, 11-42 and 14-58*

Dear Ms. Dortch:

Pursuant to 47CFR §§54.313 and 54.422, Heartland Telecommunications Company of Iowa dba Enventis, SAC 351096, is filing its Form 581 High Cost and Low Income Annual Report.

Heartland Telecommunications Company of Iowa dba Enventis seeks confidential treatment under the Protective Order in this proceeding for Section 54.202(a) Service Quality Improvement Plan portion of the 481 filing pursuant to the Request for Confidential Treatment attached to this filing. Pursuant to the Protective Order, one copy of the confidential document and two copies of the reacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Sincerely,

Carrie Rice  
Regulatory Affairs Manager  
507-386-3667

ENCLOSURES

Cc: Mr. Charles Tyler, Telecommunications Access Policy Division (2 confidential copies)

No. of Copies rec'd  
List ABCDE

0+1



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July 1, 2014

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

RE: REQUEST FOR CONFIDENTIAL TREATMENT – *Connect America Fund*, WC Docket No. 10-90; *Lifeline and Link Up Reform and Modernization*, WC Docket No. 11-42

Request that Information Submitted to the Commission be Withheld from Public Inspection Pursuant to 47 CFR §.459 and 5 USC §552(b)(4): Five Year Service Quality Improvement Plan

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 CFR §§54.313 and 54.422, Heartland Telecommunications Company of Iowa dba Enventis ("the Company"), Study Area Code 351096, is submitting a completed FCC Form 481 to the Commission via its Electronic Comment Filing System (ECFS) in WC Docket Nos. 10-90 and 11-42. The Company hereby requests confidential treatment of one attachment: The Five Year Service Quality Improvement Plan, which is redacted with this filing. The request for confidential treatment of the five-year plan is being made pursuant to section 0.459 of the Commission's rules and Exemption 4 of the Freedom of Information Act (FOIA). This attachment contains competitively sensitive data that the Company maintains as confidential and does not normally make available to the public. Release of this information would have a substantial negative impact on the Company.

The following information is provided in support of this request:

**Identification of the specific information for which confidential treatment is sought:**

Attachment to Line 112 of FCC Form 481 – Five Year Service Quality Improvement Plan. Specifically, confidential treatment is sought for all information in the five-year plan related to the Company's existing broadband capabilities and its network investment plans.

**Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:**

The information was submitted in WC Docket Nos. 10-90 and 11-42 as an attachment to FCC form 481-the Carrier Annual Reporting Data Collection Form. Section 100 of FCC Form 481 requires incumbent local exchange carriers receiving high

cost support to attach a five-year service quality improvement plan, pursuant to 47 CFR §§54.202(a)(1)(ii) and 54.313(a)(1).

**Explanation of the degree to which information is commercial or financial or contains a trade secret or is privileged:**

The five-year service quality improvement plan contains granular information on the Company's existing broadband capabilities as well as detailed plans for financial investments in specific geographic areas of its network. This is closely-guarded, privileged information that the Company does not make publicly available.

**CONCLUSION**

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the Company requests that the portions of Form 481 which have been redacted with relation to Section 54.202(a) 5 - Year Service Quality Improvement Plan be treated as confidential under the Commission's rules and precedent and withheld in their entirety from public inspection, and that any distribution of them within the Commission should be limited to a "need to know" basis. In the event that any person or entity requests access to the documents or seeks to make any or all of them part of the public record, the company requests to be notified immediately so that it can oppose such request or take other action as necessary to safeguard its interests and the interests of consumers.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Carrie Rice", written in a cursive style.

Carrie Rice  
Regulatory Affairs Manager  
507-386-3667



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 351096  
 <015> Study Area Name HEARTLAND-HICKORYTECH  
 <020> Program Year 2015  
 <030> Contact Name: Person USAC should contact with questions about this data Carrie Rice  
 <035> Contact Telephone Number: 5073863667 ext. Number of the person identified in data line <030>  
 <039> Contact Email Address: Email of the person identified in data line <030> carrie.rice@enventis.com

Received &amp; Inspected

JUL - 2 2014

FCC Mail Room

**ANNUAL REPORTING FOR ALL CARRIERS**

54.313 Completion Required	54.422 Completion Required
----------------------------------	----------------------------------

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 3510961a510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 3510961a610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351096ia100.docx

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.






(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@eventis.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com

[illegible]



(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com
<810>	Reporting Carrier	Heartland Telecommunications Company of Iowa dba Enventis
<811>	Holding Company	Enventis Corporation
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLAND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐



**(1200) Terms and Condition for Lifeline Customers**

**Lifeline  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLAND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com

3510961a1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLAND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@enventis.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0964/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 351096  
 <015> Study Area Name HEARTLAND-HICKORYTECH  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Carrie Rice  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5073863667 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> carrie\_rice@eventis.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited? (Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



Certification - Reporting Carrier Data Collection Form.	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	351096
<015> Study Area Name	HEARTLND-HICKORYTECH
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035> Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@eventis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HEARTLND-HICKORYTECH	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/01/2014
Printed name of Authorized Officer: Carol Wirabinski	
Title or position of Authorized Officer: Chief Operating Officer	
Telephone number of Authorized Officer: 5073871151 ext.	
Study Area Code of Reporting Carrier: 351096	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351096
<015> Study Area Name	HEARTLND-HICKORYTECH
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035> Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@eventis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLAND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie_rice@enventis.com

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLAND-HICKORYTECH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@eventis.com

<711>	<41>	<42>	<43>	<44>	<45>	<46>	<47>	<48>	
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	IA	Akron	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Akron	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Akron	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge
		Bancroft	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Bancroft	49.9	0.0	49.9	1.0	256.0	250.0	Overage Charge
		Bancroft	59.9	0.0	59.9	2.0	384.0	250.0	Overage Charge
		Boyden	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Boyden	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Boyden	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge
		Doon	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Doon	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Doon	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge
		Hawarden	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Hawarden	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Hawarden	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge
		Hull	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Hull	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Hull	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge
		Ireton	29.9	0.0	29.9	384.0	128.0	250.0	Overage Charge
		Ireton	49.9	0.0	49.9	3.0	1.0	250.0	Overage Charge
		Ireton	59.9	0.0	59.9	6.0	1.0	250.0	Overage Charge

### Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351096
<015>	Study Area Name	HEARTLND-HICKORYTBCH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carrie Rice
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073863667 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carrie.rice@eventis.com

[illegible]



### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<810>	Reporting Carrier	Heartland Telecommunications Company of Iowa dba Enventis
<811>	Holding Company	Enventis Corporation
<812>	Operating Company	

[illegible]



Company Name: Heartland Telecommunications Company of Iowa dba Enventis

SAC: 351096

FCC Form 481 Line 100

TRADE SECRET DATA HAS BEEN REDACTED

### **Service Quality Improvement Proposal**

Heartland Telecommunications Company of Iowa's ("the Company") serves the following exchanges in rural northwest Iowa: Akron, Bancroft, Boyden, Doon, Hawarden, Hull, Ireton, Lakota, Rock Rapids, Rock Valley and Sibley. Since 2001, pursuant to the Federal Communications Commission's Fourteenth Report and Order, Twenty-Second Order On Reconsideration, and Further Notice Of Proposed Rulemaking in CC Docket No. 96-45, and Report and Order in CC Docket No. 00-256, the Company has annually demonstrated to the Iowa Utilities Board that its use of the support has been only *"only for the provision, maintenance and upgrading of facilities and services for which the support is intended,"* consistent with section 254(e) of the Telecommunications Act of 1996.

As a recipient of relatively small amounts of high cost loop and other legacy Universal Service Fund support, the Company understood those monies were to support voice services only. In addition to initial expenditures reported, which were limited to voice, the Company has made significant investments in and deployed broadband via ADSL technologies to over [REDACTED] of the establishments in its service territory.

In the USF/ICC Transformation Order (Connect America Fund et al., Report and Order and Further Notice of Proposed Rulemaking, FCC 11-161 (rel. Nov. 18, 2011), the FCC expanded the list of supported services to include broadband, and ordered all rate of return carriers to develop a five-year plan under which they would respond to reasonable requests for broadband service. The Company has completed a thorough analysis of its study area for broadband expansion based on ADSL technology and its existing copper and fiber facilities. The Broadband Augmentation Plan ("BAP") submitted herein contains information at the wire center level concerning specific locations ("designated build areas") where the Company has determined it may need to respond to reasonable requests to provide service. This BAP is independent of the Company's annual plans for upgrading, maintaining and operating its network. Under the BAP, when requests for service are made that cannot immediately be filled, the requests are logged and reviewed on a monthly basis to determine if they are located



within one of these designated build areas. Because the FCC has offered guidance that end user revenues can be considered when evaluating reasonable requests, (Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice Of Proposed Rulemaking, FCC 14-54, Para. 65, June 11, 2014), if request levels reach a threshold level of [REDACTED] of a Carrier Serving Area (CSA), the company plans to poll the building/home owners to determine if they would be likely to subscribe to service if it was available. When polling results reflect the Company's current average adoption rate of [REDACTED], then the Company will incorporate that area into its plans for construction of facilities to provide broadband, weather and budgets permitting. This evaluation will also depend on revenues from federal universal service funding being available at currently-projected levels. The Company expects that the investments detailed below will increase broadband availability in its territory to approximately [REDACTED]

The cost estimates, locations and investment levels included in this Broadband Augmentation Plan are "forward-looking" projections. Such forward-looking projections are based on current expectations, estimates, uniform consumer demand and projections about the industry in which the Company operates. As a result of uncertainties in the forward-looking projections, the Company reserves the opportunity to modify its Plan in response to regulatory decisions, consumer demand, technological advancements and other considerations as they become known. This submission is not a guarantee of future performance and actual outcomes and results may differ materially from what is expressed or forecasted in this forward-looking projection. All material adjustments to the Plan will be reflected and explained in subsequent Form 481 submissions.



**HEARTLAND TELECOMMUNICATIONS OF IOWA INC.'S BROADBAND AUGMENTATION PLAN**

Project #	Wire Center	Description	Estimated Unserved Households Impacted	Approximate Capital Additions
1				
2				
3				
4				
5				
6				
7				
8				
9				



SAC: 351096

State: Iowa

Heartland Telecommunications Company of Iowa

Form 481, Line 510

Compliance with Service Quality Standards and Consumer Protection

The local telephone services provided by Heartland Telecommunications Company of Iowa conform to applicable Iowa Administrative Code provisions, including:

**199—22.3(476) General service requirements.** The requirements of this rule do not apply to intrastate access service.

- 22.3(1) *Directories.*
- 22.3(2) *Service check*
- 22.3(3) Rescinded IAB 12/21/05, effective 1/25/06.
- 22.3(4) Rescinded IAB 12/21/05, effective 1/25/06.
- 22.3(5) *Pay telephone services and facilities.*
- 22.3(6) *Extension plan.*
- 22.3(7) Reserved.
- 22.3(8). Rescinded IAB 12/21/05, effective 1/25/06.
- 22.3(9) “. ” Rescinded IAB 12/21/05, effective 1/25/06.
- 22.3(10) *Nonworking numbers.*
- 22.3(11) *Assignment of numbers.*
- 22.3(12) *Ordering and transferring of service..*
- 22.3(13). Rescinded IAB 12/21/05, effective 1/25/06.
- 22.3(14) *Adjacent exchange service.*

**199—22.4(476) Customer relations.**

- 22.4(1) *Customer information.*
- 22.4(2) *Customer deposits.*
- 22.4(3) *Customer billing, timely payment, late payment charges, payment and collection efforts.*
- 22.4(4) *Customer complaints.*
- 22.4(5) *Refusal or disconnection of service.*
- 22.4(6) *Medical emergency.*
- 22.4(7) *Insufficient reasons for refusal, suspension, or discontinuance of service.*

**199—22.5(476) Telephone utility service standards.**

- 22.5(1) *Requirement for good engineering practice..*
- 22.5(2) *Adequacy of service.*
- 22.5(3) *Central office requirements.*
- 22.5(4) *Telecommunication circuits.*
- 22.5(5) *Interexchange trunks.*
- 22.5(6) *Loop transmission requirements.*
- 22.5(7) *Minimum transmission objectives.*
- 22.5(8) *Joint use.*
- 22.5(9) *Provisions for testing.*
- 22.5(10) *Operator-assisted calls.*
- 22.5(11) *Maintenance of plant and equipment.*
- 22.5(12) Reserved.
- 22.5(13). Rescinded IAB 12/21/05, effective 1/25/06.
- 22.5(14) *Information service access blocking..*

**199—22.6(476) Standards of quality of service..**

- 22.6(1) *Service connection.*
- 22.6(2) *Held orders.*
- 22.6(3) *Service interruption.*
- 22.6(4) *Repair—missed appointments.*

SAC: 351096

State: Iowa

Heartland Telecommunications Company of Iowa

Form 481, Line 510

Compliance with Service Quality Standards and Consumer Protection

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**22.6(5)** *Emergency operation.*

**22.6(6)** *Business offices.*

Heartland's customer service department has numerous Consumer Protection measures in place to protect customer information from improper use and disclosure, as well as to protect against fraud. For example, Heartland has policies and procedures in place regarding Customer Proprietary Network Information (CPNI) and regularly trains employees on same.

Heartland is also compliant with the Federal Trade Commission's guidelines to prevent identity theft (the "Red Flag" program).

All employees are trained on the corporation's Code of Conduct, which requires employees to protect sensitive customer information from improper use and disclosure.

Heartland and all its affiliates have a Data Privacy and Security policy which applies to all employees.

Heartland has implemented a strict third-party qualification protocol to prevent unauthorized charges ("cramming") from appearing on customers' bills.

In addition to the foregoing, Heartland has implemented information technology security measures to protect our network and customer information.

SAC: 351096

State: Iowa

Heartland Telecommunications Company of Iowa

Form 481, Line 610

Functional in Emergency Situations

Heartland Telecommunications Company of Iowa ("Heartland") certifies that it follows that it follows best practices designed to allow it to remain functional in the event of a limited failure of commercial power. Heartland's switch can operate for 8 hours on battery backup. In addition, the Company has a generator in the event of a power failure. The battery and generator are tested on a regular basis.

Heartland's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes association with an emergency. Heartland audits its circuits in order to provide redundancy for re-routing traffic when facilities are damaged.



## Low-Income Telephone Service Discount Program

Enventis offers **Lifeline**, a federally-funded discount program. This program provides eligible subscribers with a monthly credit on the Voice service of the telephone bill. The credit is applicable on the home telephone number listed in the applicant's name and is limited to one benefit per household.

**If you currently receive the Lifeline discount on your monthly bill, you WILL NEED to complete, sign and return the attached application form.**

### Who is eligible?

Applicant must be the responsible party for telephone service and is eligible in one of two ways:

1. Applicant completes and signs attached application and provides proof of eligibility that the consumer participates in at least one of the programs listed on the application.
2. Applicant's total household income is at or below 135% of the 2013 Federal Poverty Guideline:

Household Size	Yearly Income (at or below)
1	\$15,512
2	\$20,939
3	\$26,366
4	\$31,793
5	\$37,220
6	\$42,647
7	\$48,074
8	\$53,501
For each additional person, add	\$5,427

Source: Federal Register

The Federal Poverty Guidelines are typically updated in the end of January.

### How do I apply?

If you meet the eligibility requirements, complete and sign the attached application form, attach proof of eligibility and mail to Enventis.

### Could I become ineligible?

When you no longer participate in any of the qualifying programs, or your income increases, you are no longer eligible for Lifeline. You are obligated by law to notify Enventis and the credit will be removed from your account.

### For more information

If you have questions about Lifeline, the application form or your telephone service, contact Enventis at 507-387-1151 or 1-855-ENVENTIS.



## Iowa Telephone Service Discount Application Lifeline Program

The following section must be filled out completely or your application will be returned and benefits will be delayed. If you currently receive Lifeline discounts on your monthly bill, you **WILL NEED** to complete, sign and return this application form.

Social Security (last 4 digits)

**or** Tribal Id Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ MN: \_\_\_\_\_ Zip: \_\_\_\_\_

**Birthdate**

Month

Day

Year

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Address is: ☐ permanent ☐ temporary  
More than one family lives at this address ☐  
I certify that I live on Tribal lands ☐

Billing Address (if different than residential): Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Company: \_\_\_\_\_

Number of people living in your household: \_\_\_\_\_

Telephone number if you currently have service:

Area Code

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Telephone number where you can be reached:

Area Code

--	--	--

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**① I receive benefits from the following program(s):** *Check all that apply and attach proof*

- |   |   |
|---|---|
| <input type="checkbox"/> Medicaid/ Medical Assistance   | <input type="checkbox"/> Supplemental Nutrition Assistance Program/ Food Stamps (SNAP)                    |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance                       | <input type="checkbox"/> Minnesota Family Investment Program (MFIP)                                       |
| <input type="checkbox"/> Supplemental Security Income (SSI)                                   | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                                   |
| <input type="checkbox"/> National School Free Lunch Program                                   | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP)                               |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance                          | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR)                          |

**② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline (Attached). Please attach one of the documents below if you did not check any boxes above.**

- |  |   |
|--|---|
| <input type="checkbox"/> Last year's State, Federal or Tribal Tax Return   | <input type="checkbox"/> Divorce Decree                                 |
| <input type="checkbox"/> Current annual income statement from employer     | <input type="checkbox"/> Retirement/Pension Benefits Statement          |
| <input type="checkbox"/> 3 consecutive months of most recent paycheck stub | <input type="checkbox"/> Veterans Administration Benefits Statement     |
| <input type="checkbox"/> Social Security Benefits Statement                | <input type="checkbox"/> Child Support Document                         |
|  | <input type="checkbox"/> Unemployment/ Workmen's Compensation Statement |
|  | <input type="checkbox"/> Other  |

**Turn over to complete application**

③ **Certification of Eligibility and Information Release**

*By signing below, I certify under penalty of perjury that I understand and agree to all of the following:*

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- I acknowledge that Lifeline is a federal benefit and that it is non-transferable.
- I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- The information contained in this certification form is true and correct to the best of my knowledge. I understand that providing false information can be punished by fine or imprisonment or removal from the program.
- I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

**I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.**

\_\_\_\_\_  
**Applicant Signature (required)**

\_\_\_\_\_  
**Date**

I designate below the name and telephone number of an "Authorized Representative" for this application who has submitted this form on my behalf and is willing to assist me in seeking telephone service discounts.

\_\_\_\_\_  
**Print "Authorized Representative" Name**

*Area Code*

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**Daytime Phone Number**

\_\_\_\_\_  
**Date**

- **Complete Application ➤ Attach Proof of Income or Program Participation**
- **Mail Application and Income Documents to: Enventis, 221 E. Hickory St., Mankato, MN 56001**